

## **SUBMISSION: Child health and family support workforces**

- Staff requirements:**
1. Adequate staff allocation and re-organisation of existing staff, their roles and the implementation of a co-ordinated best practice post natal program in the community for mothers and babies is required.
  2. The provision of a Nutritionist and nutrition programs in the post natal period based in the community to ensure adequate maternal nutrition to maintain breast feeding.
  3. Research staff and funding is required to explore maternal nutrition issues in relation to maintaining breast feeding

**Personal background:** I am a registered nurse who worked as a Child Health Nurse in the community for 20 years and then commenced working in health promotion programs in the community. I am currently a Director of Arthritis NSW and a Senior Consumer representative for the Consumer Health Forum of Australia with a specific interest in the safe and effective use of medicines preventing hospital admissions and managing pain more effectively. I am also a member of the Consumer Reference Group for my local Blue Mountains GP network. I work in all these positions as a volunteer.

As a child health nurse I worked with Mothers and babies and with children and families. In the past ten years I have been offering support as a volunteer in the community to first time mothers when they arrive home with their babies. My aim has been to give them information, skills and support, connect them to local resources that can assist them and support the maintenance of breast feeding as the feeding of choice.

**Subjective evidence:** Mothers of first babies receive very adequate information about pregnancy, labour and delivery of their baby through the various education sessions that all mothers are encouraged to attend with their partners. I hear evidence that this education initiative and the staff who present it with a standardised curriculum are having a positive effect on the mothers experience during the time before her baby arrives and during delivery.

I also have subjective evidence that with short stays in hospital both for normal and caesarean deliveries there is not enough time for mothers to receive adequate consistent information or to try out skills to be confident in the management of their babies when they arrive home. They arrive home confused about what they should be doing with their babies in relation to settling and feeding etc. Very often breast feeding has not been well established on discharge.

The short stay in hospital is often followed up by a nurse visiting at home for once or twice and if needed they are referred to the lactation consultant nurse for assistance with breast feeding difficulties. In NSW there is not enough staff or resources to adequately follow up these mothers and babies in the community for a consistent period of time to ensure the establishment of appropriate parenting practices.

My observation is that there is no consistent information given by all staff in the post natal period. If we compare it with the very well established program in the pre natal period the post natal one is fragmented, not implemented by the one team or person. Even with the Post Natal Depression (PND) testing scale being implemented to identify the mother at risk there is no co-ordinated program to prevent PND from occurring in the first place.

The key to preventing PND is for the mother to receive adequate support from professional staff, referral if necessary when she has the overwhelming feelings occurring about her parenting role and about any problems with her baby's welfare. I constantly receive feedback that the information received from the many different professionals in the post natal period is confusing. For example what one Mum hears from Tresillian is different to what she hears from the visiting community nurse. Sometimes the urban myths messages for Mothers and babies communicated via facebook etc are much stronger because there is no consistent best practice messages by an official Child and Family community team.

How are we going to ensure that mothers receive consistent best practice information and skills at this very important time when they have arrived home with their baby and are establishing parenting practices? I believe it is the allocation and re-organisation of staff, their roles and the implementation of a co-ordinated best practice program in the community for mothers and babies that will make a difference.

**Breast feeding maintenance:** 1. The provision of a Nutritionist and nutrition programs in the post natal period based in the community to ensure adequate maternal nutrition to maintain breast feeding.

2. Research staff and funding is required to explore maternal nutrition issues in relation to maintaining breast feeding.

**Subjective evidence:**

1. Mothers of first babies attend to their maternal nutrition needs appropriately during pregnancy but not whilst breastfeeding.

2. These mothers do not receive realistic information about adequate maternal nutrition to maintain breastfeeding

3. They want to breastfeed but also want to revert to their pre pregnancy eating habits which are often not adequate for maintaining breastfeeding
  4. Breastfeeding is failing when babies are 14 to 16 weeks old when a major growth spurt in the baby applies pressure to the quality of the breast milk, baby becomes unsettled and to manage this they change to bottle feeding rather than assess their own nutritional needs as part of maintaining breast feeding..
  5. When the mothers increase their maternal nutrition to adequate levels their breast milk quality and quantity improves and they can continue breastfeeding for longer periods
  6. Maternal fatigue levels increase due to poor maternal nutrition and possibly contribute to PND levels
  7. Breastfeeding mothers want to return to their pre pregnancy weight as soon as possible and in doing that they compromise their nutritional levels to maintain breastfeeding
  8. Staff giving information about maintaining breastfeeding when the Mother returns to work is not easily available.
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